

## CLAIMS ONLY

Application Number

Filing Date

10/630,823

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1	/								
2		/							
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49	/								
50									
Total Indep									
Total Depend									
Total Claims									

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Indep

Total

Depend

Total

Claims

Total

Indep

Total

Depend

Total

Claims

Total

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Claims